

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/002,674 FILING DATE 03-09-01
APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		
2			1		
3			1		
4			1		
5			1		
6			1		
7			1		
8			1		
9			1		
10			1		
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	8		5		
TOTAL DEP.	7		5		
TOTAL CLAIMS	15		5		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS